

# **Missouri Rights of Victims of Sexual Assault Task Force**

## **Final Report**

**December 31, 2021**



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## INTRODUCTION

A Message to the Governor and General Assembly—

The Missouri Rights of Victims of Sexual Assault Task Force was created in statute during the 2020 Missouri legislative session ([SB 569](#) and Section [595.202](#) RSMo) and was charged with studying and identifying best practices to address sexual assault. The Task Force met throughout 2021, created subcommittees to research specific areas identified in SB 569, conducted four public hearings, and collected feedback from a public comment survey. The Task Force received testimony and information from approximately 100 individuals including both experts in the field of sexual assault and survivors of sexual assault. A report of the Task Force findings is due to the Governor and General Assembly on or before December 31, 2021 (Section 595.202.5 RSMo).

The Missouri Department of Public Safety provided administrative support to the Task Force (Section 595.202.4 RSMo). Task Force members were appointed in December 2020.

Missouri Rights of Victims of Sexual Assault Task Force website address

<https://dps.mo.gov/dir/programs/cvsu/task-force.php>

Appointed Missouri Rights of Victims of Sexual Assault Task Force members

- Senator Jill Schupp, District 24
- Senator Holly Rehder, District 27
- Representative David Evans, District 154
- Representative Yolanda Young, District 22
- Sarah Ehrhard Reid, Department of Health and Senior Services (DHSS)
- Jessica Seitz, Missouri KidsFirst
- Tammy Killin, YWCA St. Joseph
- Julie Donelon, Metropolitan Organization to Counter Sexual Assault (MOCSA)
- Colonel Eric Olson, Missouri State Highway Patrol
- Sgt. Jason Strong, St. Joseph Police Department
- Stacey Bolinger, Missouri State Highway Patrol Crime Laboratory
- Catherine Vannier, Missouri Office of Prosecution Services (MOPS)
- Amy Schwartz, Missouri Hospital Association (MHA)

Additional contributors to the work of the Task Force

- Kaylee Bauer, Representative Yolanda Young's Office
- Daris Davis, Senator Holly Rehder's Office
- Ashley Fuerst, Senator Holly Rehder's Office
- Megan Price, Senator Jill Schupp's Office
- Jaclyn Schmitz, Senator Jill Schupp's Office
- Sarah Williams, Representative David Evans' Office
- Connie Berhorst, Department of Public Safety Office on Victims of Crime
- Darron Blankenship, Missouri State Highway Patrol
- Kerry Creach, Missouri State Highway Patrol
- Jennifer Carter Dochler, Missouri Coalition Against Domestic and Sexual Violence (MOCADSV)
- Kendra Eads, SEMO NASV
- Major Sarah Eberhard, Missouri State Highway Patrol
- Amy Fite, Christian County Prosecutor's Office
- Sarah Haskins, Missouri Senate Division of Research

- Danica Nestor, Urban Leaders Research Fellow
- Gwen O’Brien, Synergy Services
- Mary Grace Pringle, Missouri Senate Division of Research
- Matt Rodriguez, Department of Social Services
- Samantha Wayant, YWCA St. Louis
- Hillary England and Nicole Martinez, [Texas Sexual Assault Task Force](#)
  - The August Task Force meeting included a presentation and discussion with two staff of the Texas Sexual Assault Task Force to learn from their experience and report. There are few states that have a sexual assault task force to learn from each other’s experiences.

The Task Force developed the following nine recommendations. Additional details about each recommendation are provided in this report.

- Promote healing for survivors by improving a survivor’s experience through the system response.
- Reduce the number of survivor unmet requests for services from rape crisis centers and increase community awareness of available resources.
- Ensure that survivors throughout the state have access to Sexual Assault Nurse Examiners (SANE), and that survivors are able to obtain a medical forensic exam, along with diagnostic testing, treatment, and prophylactic needs, arising from the sexual assault, and at no cost to the survivor.
- Increase salary and funding to reduce crime laboratory “backlogs” to affect more timely processing of a kit after its delivery.
- Pass an enhanced Sexual Assault Survivors’ Bill of Rights to ensure awareness of survivors’ rights and to guide practitioners in honoring those rights on an individual, local, and statewide basis.
- Increase trauma-informed practices and outreach to underserved populations.
- Modify statutes to further protect survivor privacy in public or court records.
- Review Section 595.220 RSMo and make recommendations for legislative enhancements.
- Stakeholders continue working together to implement these recommendations.

*“I’m what a success story looks like. I’m happy. I’m thriving. I’m healthy. But I’m also really exhausted.”*

*Survivor*

**A note to survivors of sexual assault:** We see you. We hear you. We are committed to improving Missouri’s response to sexual assault survivors as the burden should not be on you.

**Terminology:** Throughout this report, several words are used to describe individuals who experience sexual violence, and those who commit it. Individuals who commit sexual violence against another person are often called “perpetrators” or “assailants.” Individuals who have been assaulted are sometimes referred to as “victims,” a term generally used in judicial and law enforcement systems. These individuals also are referred to as “survivors,” a term generally used by advocacy service providers. Some individuals do not identify with either of these terms and do not feel that these labels adequately convey their personal experiences of sexual violence. Whenever possible, allow individuals to select terminology with which they are most comfortable.

*“I am a wife and mother of four. I come to you as a victim of sexual assault. Some say they are survivors but I’m not yet. I’m a victim of the perpetrator, a victim of the justice system, and a victim of not knowing the right people.”*

*Victim*

## HISTORY

Missouri continues to improve its response to victims of sexual assault; however, more work remains. This is a brief history of the significant milestones made over the last decade for context of this Task Force and its direction.

The discussion of sexual assault is challenging in itself and focusing attention on the needs and care or lack thereof for adult survivors of sexual assault is even more challenging. The conversation often becomes overshadowed by quickly turning to trafficking or child abuse. This inadvertently minimizing the experiences of adult sexual assault survivors, qualified minors, or 14- to 17-year-olds who receive an adult sexual assault forensic exam. The Task Force focused on attending to adult sexual assault survivors.

- 2012 [Task Force on the Prevention of Sexual Abuse of Children](#) report
- 2013 SB 215  
Criminal code revisions adding elements of incapability or incapacity to consent to the elements of felony rape and sodomy crimes, and renames the crime of forcible rape to rape, first degree, and deviate sexual assault to sodomy, second degree.
- 2015 SB 321  
Orders of Protection available for sexual assault victims
- 2018 HB 1355  
Justice Reinvestment Initiative
  - Timelines established for sexual assault forensic examination kits
  - Kit definitions established (reported, anonymous, and unreported)
  - Missouri Attorney General's Office (AGO) tasked with creating evidence tracking system.
- 2018 [Missouri Attorney General's Office Sexual Assault Kit Initiative](#) (SAKI) federal grant project began.
- 2019 Missouri Department of Public Safety developed forms and procedures for gathering, transmitting, and storing sexual assault forensic evidence.
- 2020 SB 569  
Justice for Survivors' Act  
Sexual Assault Survivors' Bill of Rights and Missouri Rights of Victims of Sexual Assault Task Force Recommendations for the Missouri Attorney General's Office report of inventory of untested kits
- 2021 HB 432  
Created unpaid employment leave for victims of domestic and sexual violence.  
Clarifications to Sexual Assault Nurse Examiner (SANE) telehealth  
Revised Administrative Rules for Crime Victims' Compensation became effective.
- 2021 HB 430  
Established a rape crisis center tax credit administered by the Missouri Department of Social Services.

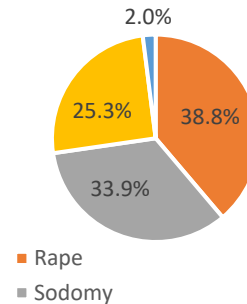
## DATA

*The task force shall collect data regarding sexual assault reporting, arrests, prosecution rates, access to sexual assault victim services, and any other data important for its deliberations and recommendations (Section 595.202.3(1) RSMo).*

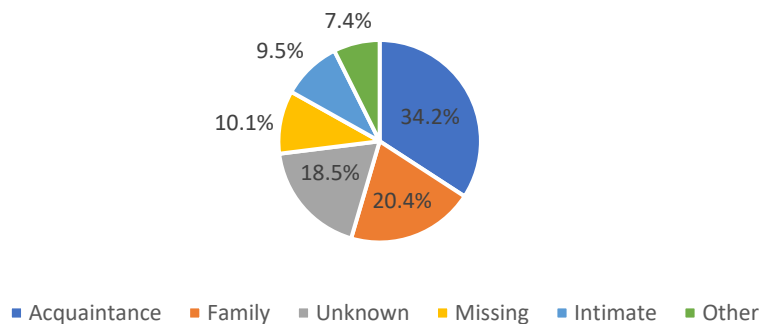
The prevalence of sexual violence is often difficult to ascertain due to underrepresentation of sexual assault victims and underreporting of sexual assault cases. It is widely believed that the incidence of sexual violence is far greater than what is actually reported, thus creating fluctuation in statistical data. Nonetheless, a considerable amount of work has been dedicated to data and research which was captured and explained in this report.

The National Incident-Based Reporting System (NIBRS) defines sexual assault as “any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent.” Sex offenses include rape, sodomy, sexual assault with an object, and fondling. Most offense types reported in 2019 were rape (38.8%), followed by sodomy (33.9%), and fondling (25.3%). The majority of victims were acquaintances (34.2%) and family members (20.4%). NIBRS data also reveals that sexual assault victims were overwhelmingly female (84.7%) compared to male (15.3%).

Missouri Sexual Assault by Offense Type



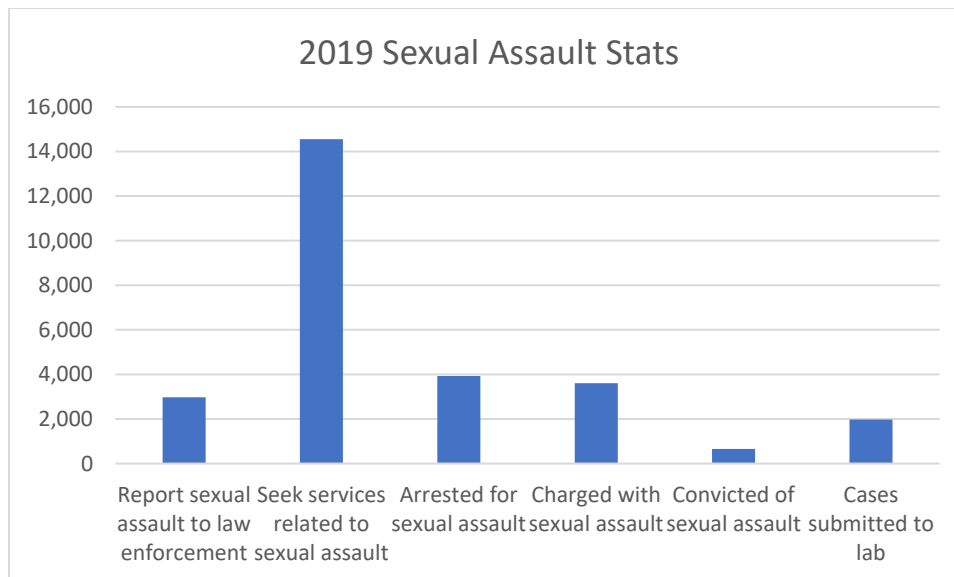
Sexual Assault: Victim to Offender Relationship



### Missouri 2019 Sexual Assault Reporting

The Task Force made the determination to review Missouri 2019 data as it was the most complete year of data and it was pre-COVID.

In 2019, 14,553 victims of sexual violence sought services related to sexual assault. There were 2,976 cases of sexual assault reported to law enforcement, 3,926 offenders arrested, 3,602 charged with sexual assault, 654 convictions, and 1,975 cases submitted to a laboratory.



The number of sexual assault forensic exam reimbursements submitted to the Missouri Department of Public Safety in 2019 for ages 14+ was 2,172 and for ages 0-13 the total was 2,254. Not all claims submitted were reimbursed. Claims may be denied for ineligible and/or insufficient supporting documentation. It should also be noted that the number of claims submitted or awarded does not correlate with the number of sexual assaults reported to law enforcement or other officials.

#### 2019 DPS-OVC Safety Sexual Assault Forensic Exam (SAFE) Reimbursements

Age Category	Total Claims Submitted	FY19 Claim Reimbursed	Note: The number of claims reimbursed in FY19 includes FY18 claims that were in "processing" status at the beginning of FY19.
0 - 13	2,254	2,356	
14+	2,172	2,118	

Information related to sexual violence charges reported to the Central Repository Compilation of Data was obtained by examining arrest charges, prosecutor actions, and court actions for the 2019 calendar year. Since the judicial process will often exceed a one-year period and the criminal events may occur over multiple years, the numbers provided do not correspond on a one-to-one basis between the arrest charges, prosecutor actions, and court actions.

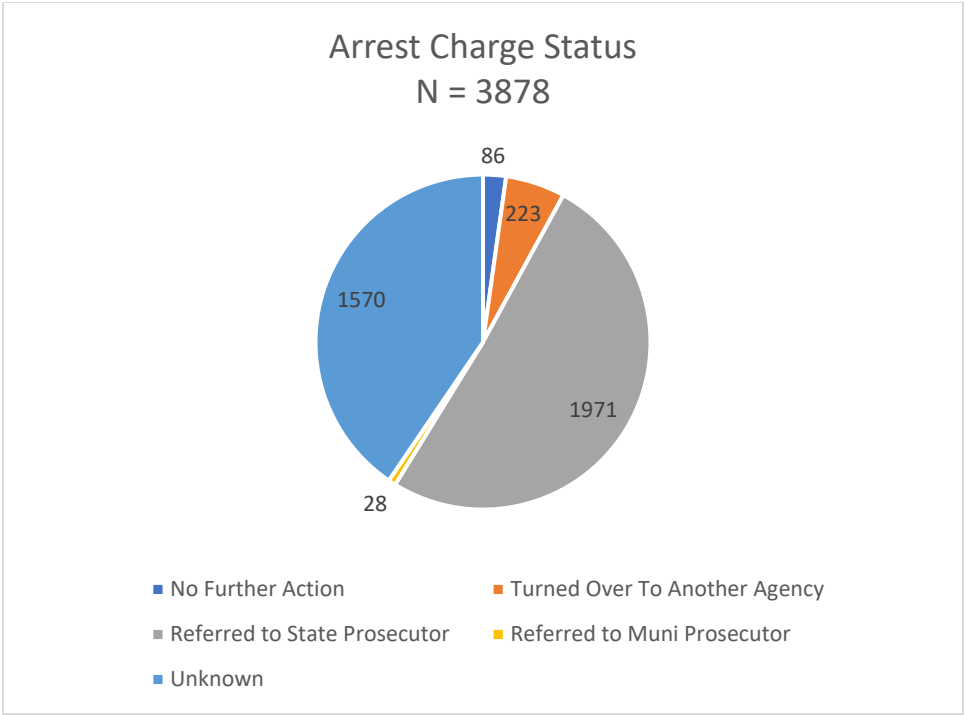
The below information was compiled based on the statuses in criminal history records system as of April 26, 2021.

#### *Arrest Charges*

There were 3,878 sexual-related arrest charges submitted on criminal fingerprint cards to the central repository. Of those, 1,999 were referred to a prosecutor, 1,570 have an unknown status, 86 had no further action, and 223 were warrant arrests and turned over to another agency.

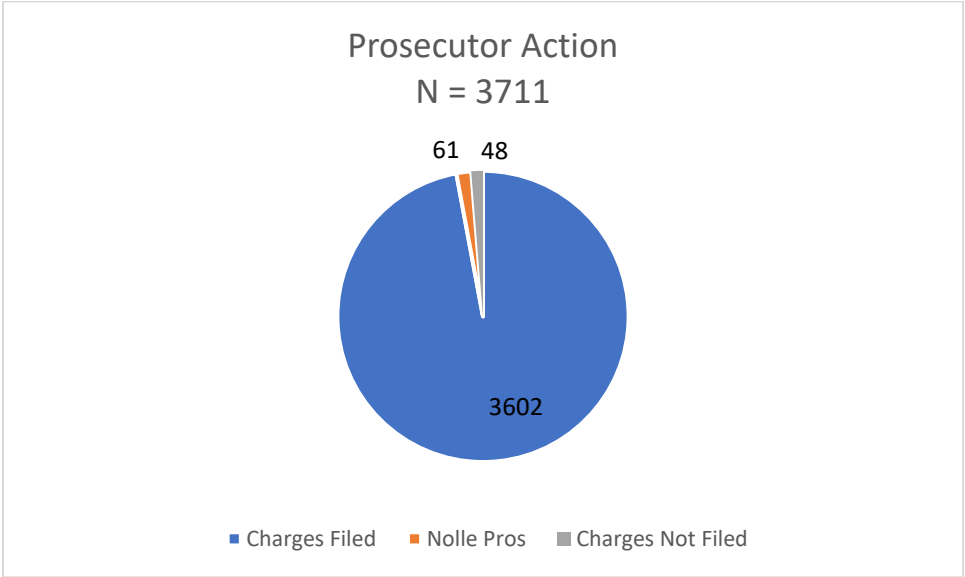
A criminal fingerprint card may contain multiple arrest charges for sexual-related offenses; therefore, the total number of arrest incidents reported in 2019 is less than the total number of arrest charges in the criminal history system. On average, there were two sexual-related arrest charges submitted for each criminal fingerprint card received.





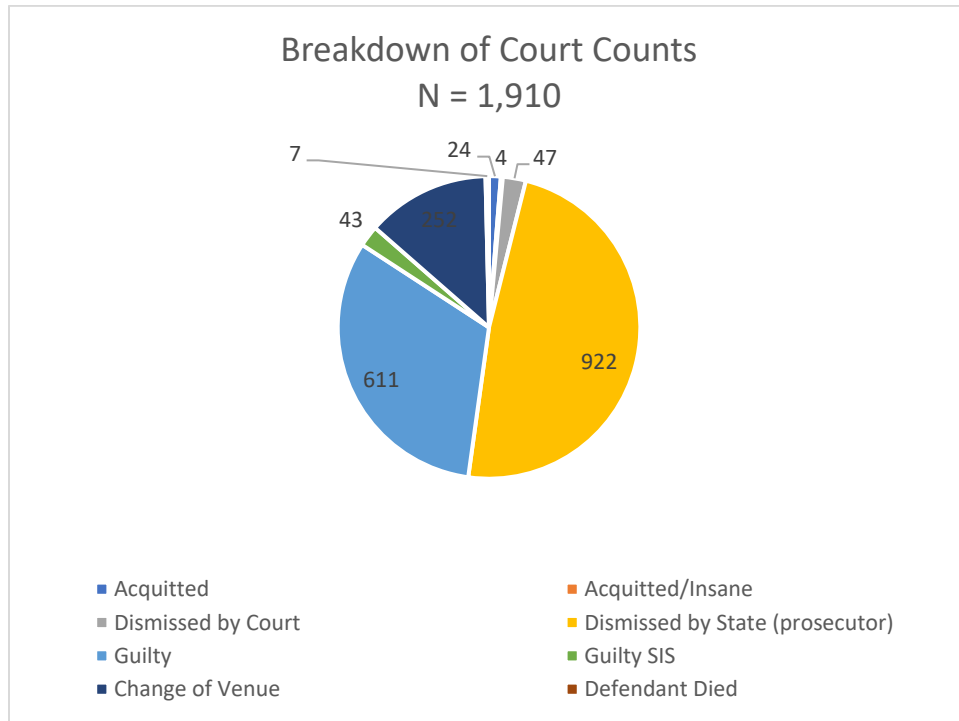
*Prosecutor Actions*

Historically, arrest charges not filed by the prosecutor are underreported. There were 48 arrest charges not filed by prosecutor, 61 arrest charges that were reported as Nolle Pros and zero arrest charges filed as No Bill or Deferred. However, there were 3,602 charges filed by the prosecuting attorney.



## Court Actions

Data-related court counts were broken down further for specificity. Out of 1,910 court case counts in Missouri, 24 cases were acquitted, four were acquitted/insane, 47 were dismissed by the court, 922 dismissed by the state, 611 were found guilty, 43 pled guilty and received a suspended imposition of sentence (SIS), 252 received a change of venue, and seven of the defendants died prior to final court disposition.



## Missouri 2019 Sexual Assault Services and the Survivors Receiving Services

In 2019, a total of 9,057 sexual violence survivors received services from Missouri Coalition Against Domestic and Sexual Violence (MOCADSV) member agencies. Services included hotline calls, licensed professional therapy, support groups, court advocacy, case management, and additional support. Member agencies also provided educational presentations and prevention sessions to the community.

In addition to the 9,057 survivors who received services, there were 5,496 survivors for whom services were not rendered because programs lacked the resources to meet the survivor's needs. Most survivors of sexual violence who received services at MOCADSV member agencies were women (5,871) followed by children (2,154), men (917), and unspecified (115).

Data revealed that the majority (59 percent) of survivors who received services in 2019 were White/Caucasian. Those who identified as Black/African American totaled 19 percent, 14 percent were Unknown, three percent identified as Latino/Hispanic, and five percent identified as Multiracial/Alaskan Native/American Indian, Asian, Native Hawaiian, or other Pacific Islander/Other.

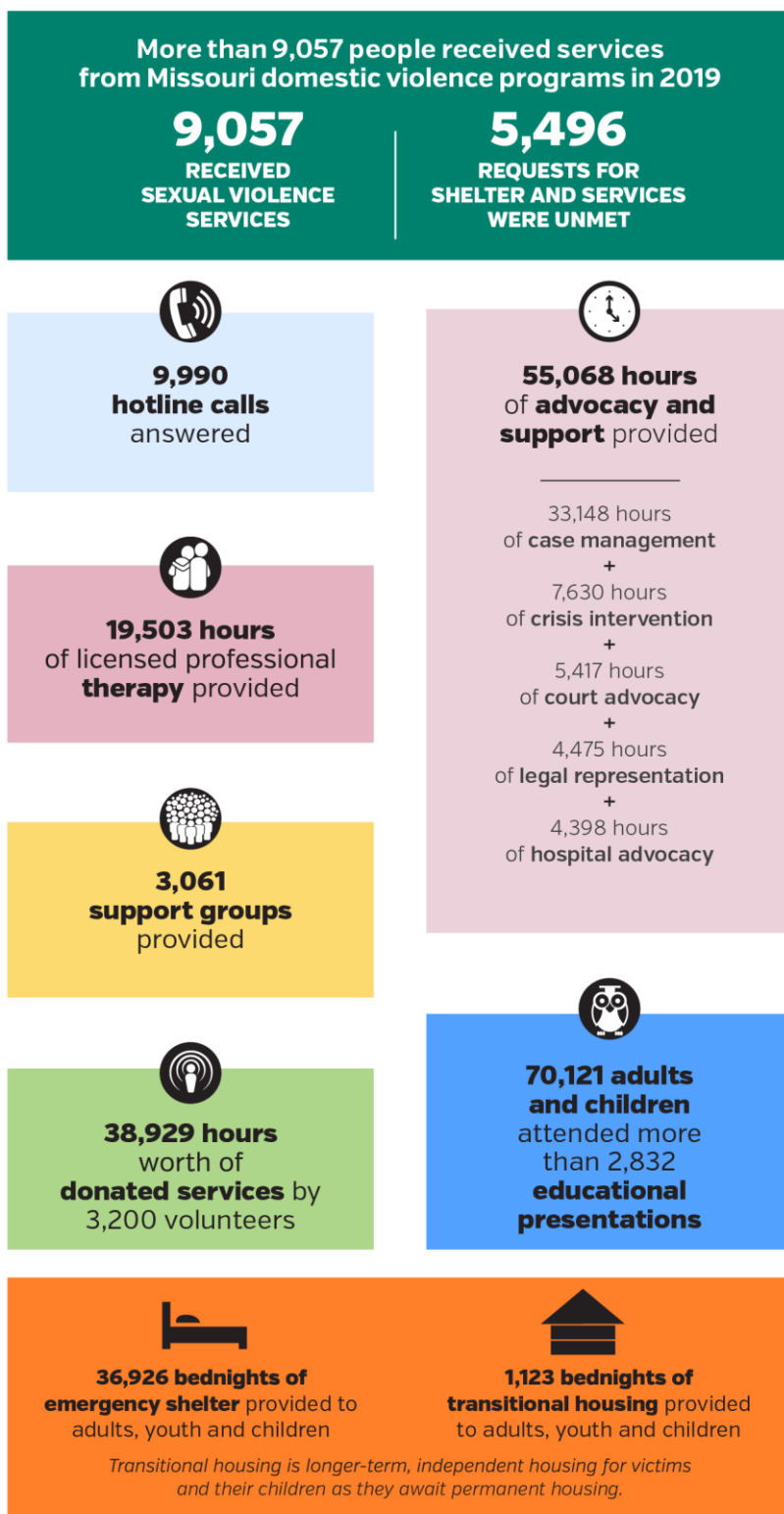
Research shows increasing survivors' knowledge of safety planning and community resources leads to increased safety and well-being over time. In 2019, MOCADSV member agencies collected 7,668 surveys from sexual violence survivors. The surveys showed that when survivors could access a rape crisis center and its services their safety and well-being were overwhelmingly enhanced: 96% of them reported "gaining knowledge of the community resources available to help them" and 92% reported receiving support to improve ability to cope with the aftermath of sexual assault.

Lastly, there were 13 nonprofit agencies that received federal Sexual Assault Service Program (SASP) grant funding through the Department of Public Safety. With that funding, those agencies provided services to 1,179 victims of sexual assault and 214 secondary victims of those crimes in 2019. Services were provided to both females and males ages 14 and older.

### Data Limitations

Despite the extensive research on sexual assault, sexual assault reporting, and sexual assault services, the data still reflects the limits to the information available regarding many sexual crimes. It is important that we analyze and address the strengths and weaknesses of the data in order to understand where improvement is necessary.

A lack of data transparency and outdated systems contributes to the data discrepancies. Per the Council of State Governments (CSG) [Justice Reinvestment Policy Framework](#), "law enforcement agencies, courts, prosecuting attorneys, defense counsel, and other criminal justice entities are unable to effectively share information between existing IT systems. This shortcoming creates inefficiencies, duplication, and potential confusion or loss of important information during the judicial process." CSG continues to work with Missouri on additional efforts to update "applicable IT systems and interagency agreements to improve the sharing of criminal justice data between IT systems used by various criminal justice entities."



## SUBCOMMITTEES FORMED

Four subcommittees were established to “*study nationally recognized best practices and make recommendations*” (Section 595.202.2 RSMo) and one other subcommittee was created and tasked to gather feedback.

### **Subcommittee: Tracking and Investigating Complaints**

**Chair:** Julie Donelon, Metropolitan Organization to Counter Sexual Assault (MOCSA)

*The development and implementation of an effective mechanism for submitting, tracking, and investigating complaints regarding the handling of, or response to, a sexual assault report or investigation by any agency or organization involved in the response* (Section 595.202.2(1) RSMo).

The subcommittee found little evidence of national best practice standards regarding a process for the investigation of complaints regarding the handling of or response to a sexual assault report or investigation by an agency or organization involved in the response. The subcommittee made several recommendations that are included in this report. (See page 20 and Appendix 1.)

### **Subcommittee: Review of Guide to Sexual Assault Survivors’ Bill of Rights Document**

**Chair:** Sgt. Jason Strong, St. Joseph Police Department

*The development of documentation for medical providers and law enforcement officers, in conjunction with the department of public safety, to provide to survivors informing them of their rights pursuant to section [595.201](#)* (Section 595.220.2(2) RSMo).

The Missouri Department of Public Safety (DPS) previously developed the original guide for Missouri sexual assault survivors. The subcommittee was tasked with seeking comments regarding revisions to the original document. Comments previously compiled by DPS along with feedback from the Missouri Chiefs of Police, Missouri Sheriff’s Association and End Violence Against Women International (EVAWI) were reviewed.

Based on the recommendations, a revised document was prepared and provided to DPS for consideration in addition to the recommendation that stakeholder feedback is sought on future revisions to the document. (See page 19 and Appendix 2.)

### **Subcommittee: Determine if Need Exists for Additional Employees or Volunteers of Rape Crisis Centers**

**Chair:** Tammy Killin, YWCA St. Joseph

*Whether a need exists for additional employees or volunteers of a rape crisis center for victims of sexual assault, and if such a need does exist, the task force shall:*

- *Create a plan for how the state can provide, in conjunction with rape crisis centers, victims' advocates organizations, and the department of health and senior services, additional employees or volunteers of a rape crisis center to meet the needs identified; and*
- *Determine the cost of funding such a plan* (Section 595.220(3) RSMo).

The subcommittee determined that a need exists for additional staff or volunteers of a rape crisis center and made funding recommendations. (See page 21 and Appendix 3.)

*The term “**rape crisis center**” shall mean any public or private agency that offers assistance to victims of sexual assault, as the term sexual assault is defined in section [455.010](#), who are adults, as defined by section [455.010](#), or qualified minors, as defined by section [431.056](#)* (Section 455.003.3 RSMo).

### **Subcommittee: Review Sexual Assault Survivors' Bill of Rights (Section 595.201 RSMo)**

**Chair:** Catherine Vannier, Missouri Office of Prosecution Services (MOPS)

*Whether a need exists to expand the right to an employee or volunteer of a rape crisis center beyond the medical examination and law enforcement interview settings, and if such a need does exist, the task force shall:*

- *Identify the scope and nature of the need; and*
- *Make recommendations on how best to fill that need, whether legislatively or otherwise;*

*Whether a need exists to provide for ongoing evaluation of the implementation of these rights, and if such a need does exist, the task force shall:*

- *Identify the scope and nature of the need; and*
- *Make recommendations on how best to fill that need, whether legislatively or otherwise (Sections 595.202(4) and 595.202(5) RSMo).*

The subcommittee met four times and included representatives from the Missouri Hospital Association, prosecuting attorneys, General Assembly, Missouri Coalition Against Domestic and Sexual Violence, Missouri State Highway Patrol, and Missouri KidsFirst. Subcommittee members collectively examined the overarching goals and reviewed line by line the entire Section 595.201 RSMo to offer strong, clear, and most effective statutory language to update the statute. All agreed that the proposed updates would provide easy guidance to survivors, professionals, and volunteers. Based on extensive committee work, SB 640 was pre-filed. (See page 23 and Appendix 4.)

### **Subcommittee: Public Hearings and Public Comment Survey**

**Chair:** Sarah Ehrhard Reid, Department of Health and Senior Services (DHSS)

*Collect feedback from stakeholders, practitioners, and leadership throughout the state and local law enforcement, victim services, forensic science practitioners, and health care communities to inform development of future best practices or clinical guidelines regarding the care and treatment of survivors (Section 595.202.3(2) RSMo).*

Because public input was essential to this subcommittee's work, the subcommittee members decided to collect feedback through two mechanisms: an online survey and virtual public hearings. In order to ensure all major issues were covered, the subcommittee decided to use four main themes for collecting both testimony and comments. These themes were funding, standard practices, survivor privacy, and evidence collection. Four public hearings were held during which stakeholders, survivors, and members of the public were invited to provide public testimony. The public comment survey was an opportunity for anyone in Missouri, and particularly those who have been victims of sexual assault or impacted by it, to share information about their experiences with the criminal justice system or any agencies involved in the response. Many thoughtful comments were received, and each was reviewed. The subcommittee made several recommendations that are included in this report. (See pages 19-26 and Appendix 5.)

## PUBLIC HEARINGS HELD IN AUGUST AND SEPTEMBER

Four public hearings were held via WebEx, each hearing with a different focus area (funding, standard practices, survivor privacy and evidence collection). Recordings are available on the Task Force website. Sen. Jill Schupp moderated each public hearing.

*"I want to thank all of the witnesses, the participants, and those who care, as all of us who are working on the Task Force do, about developing best practices and recommending guidelines for the care and treatment of survivors of sexual assault."* Sen. Jill Schupp

### August 25, 1 - 3 p.m.

### Funding

#### **Jennifer Carter Dochler, Missouri Coalition Against Domestic and Sexual Violence (MOCADSV)**

*"In our ideal world, no one who is in crisis, in need would be turned away [for services]. There would always be someone available when somebody is requesting services."*

#### **Kristie McAninch, Green Hills Women's Shelter**

*"We have experienced sexual assault victims wait up to three hours for a SAFE and leave because they cannot stand the wait any longer. We have experienced sexual assault victims refuse to have the exam because of transportation or local hospitals wanting to send them to the city. The implementation of the SANE telehealth will be beneficial to rural communities and ensuring survivors have access to the exam in a timely manner."*

#### **Bryan Hampton, St. Charles County Sheriff's Crime Laboratory**

*"We really can't talk about crime lab funding without talking about backlogs. It's easy. It's clear that the biggest contributor to case backlogs in crime labs is a lack of resources. Backlogs force laboratories to prioritize cases."*

#### **Andy Wheeler, Missouri Hospital Association (MHA)**

*"They are coming in the doors and are treated in the emergency room. Because they are treated in the emergency room the [Emergency Medical Treatment and Labor Act] EMTALA standards come into play meaning that the patient has to be stabilized and screened before that patient is treated. Whenever that happens, that's going to incur a few charges. Whenever those charges are incurred, that's considered a medical charge."*

#### **Dawn Day, Mercy Hospital**

*"I have had multiple, multiple patients be referred to the emergency room because they have called their OBGYN, they have called their PCP, they have called the clinic and said that they were sexually assaulted and want to be seen. Every single one of them I see it's charted that they don't do that here. You have to go to an ER."*

#### **Victoria Pickering, Metropolitan Organization to Counter Sexual Assault (MOCSA)**

*"Funding for victim services is truly what makes the difference between all survivors receiving the support they deserve, and advocacy being offered on a first come, first serve basis."*

**September 14, 1 - 3 p.m.**

## **Standard Practices**

**Taylor Hirth**

*"I was brought here today to discuss the various barriers that adult sexual violence victims face when seeking justice for sexual assault. And, while my story may be heart-wrenching, I may not be the best person to discuss this because I was unusually fortunate."*

**Casadi Mazurkiewicz**

*"I hope to see a future where the only sad part of a victim story is the event itself and the system has the time to protect the victim at all cost."*

**Dr. Adrienne Atzemis, St. Louis Children's Hospital**

*"I believe that adolescents are a unique and diverse population whose complex sexual assault medical needs cannot be fully met by a blanket inclusion into either a purely pediatric or purely adult system of care."*

**Amanda Ferreiro, University Healthcare**

*"There is no incentive to do it [become a SANE], but those of us who do it are in there for the right reasons."*

**Samantha Wayant, YWCA St. Louis**

*"We think about what message we are sending to victims when they are turned away due to a lack of resources, lack of staffing. How many victims got back in their car and went home? Feeling unheard, unimportant, and not reaching out for services for the fear of being turned away again."*

**Elizabeth Herrera Eichenberger, True North of Columbia**

*"All communities are extremely different, and it is extremely, extremely important that we ensure, that we empower, communities of diverse backgrounds to share."*

**Sheriff Bill Puett, Buchanan County Sheriff's Office**

*"We had a recent case where it was a 21-year-old woman who had been sexually assault, murdered, and dumped on the side of the road in Buchanan County in a duffel bag. And we were blessed to have that case wrapped in year."*

**Leann Robertson, Rolla Police Department, and Ashley Brooks, Mission Rolla**

*"The people that prey on them, that know they aren't going to make a good victim, and that they aren't going to be able to go to court, and they aren't going to be able to testify. And so these people are really scared."*

**Julie Murray**

*"As a victim, you are under the impression that our identity will be protected throughout the entire judicial process, which is important. Unfortunately, just not true. Actually, right from the start, our identity is not protected. The probable cause statement made me stop dead in my tracks and made me reconsider if I even wanted to come forward with my story."*

**Jennifer Green, St. Luke's**

*"Following the passage of SB 569 and with the establishment of the Missouri Central Repository, there still remains significant variability in kit collection retention by SANE programs across the state because the repository will only store sexual assault evidence kits. SANE programs are left to decide on their own what to do with other potential evidence collected during an exam including blood, urine, and clothing."*

**Dr. Jennifer Hansen, Children's Mercy**

*"Just like adults expect confidentiality in medical care and trust their doctors to maintain it, that confidentiality piece is just as important to teenagers. Research has shown that a large number of teenagers would not seek medical care if they thought their parents or someone else would become aware of sexual activity or drug use or other activities."*

**Joe Taylor, Private Attorney**

*"My client felt blindsided with not knowing what was potentially going to be disclosed, when, and to whom."*

**Amy Fite, Christian County Prosecuting Attorney**

*"Sometimes sexual assault survivors are asked not to just explain in explicit detail what happened to them when that crime was committed against them, but in Missouri we have the survivor of sexual assault who could testify as many as three times."*

**Kristi Patterson, Ripley County Prosecutor Victim Advocate**

*"Being a victim of a crime, it's difficult enough. But being a victim of a sexual assault is devastating. But being a victim of sexual assault in a rural county can be pretty brutal and cruel."*



**September 28, 1 -3 p.m.**

## **Evidence Collection**

**Vanessa Holt**

*"If he could do this to me, he could do it to anyone. I'm 100% certain I'm not his first or his last."*

**Audrey McCormick, Jackson County Prosecutor's Office**

*"Finding DNA on an item within the kit or outside of the kit can mean the difference between filing or not filing a case, or getting a conviction in a case. And so, from my perspective, maintaining all of this evidence will allow us to prosecute more offenders. And, maybe most importantly, do it on the survivor's timeline. As Ms. Holt was just describing, most victims are in a state of shock for a period of time after the sexual assault occurs."*

**Dan Patterson, Greene County Prosecuting Attorney**

*"Whatever best practices we put in place, take into account they need to be flexible enough to be tailored to the jurisdictions where they are being implemented and the resources available to those jurisdictions."*

**Emily Warren, Kansas City Crime Laboratory**

*"The kit itself is where we start our analysis and where the best evidence for determining a perpetrator of a sexual assault is most often found. When a survivor responds to a hospital for a SANE exam, the most important evidence typically will be the swabs and the underwear worn during, or immediately after, the assault that should go into the kit box. However, clothing, blood, and urine for suspected drug-facilitated assault may also be collected separately."*

**Mark Webb, Bolivar Police Department**

*"Training and retraining. The crimes are the same in the little jurisdictions as they are in the big jurisdictions. People are still victimized. It's just we cannot keep officers once they get training/experience. They're off to the next jurisdiction that pays \$2 or \$3 more and we start over."*

**Lana Garcia, Cox Health**

*"We want to make sure that all of our victims everywhere in the state of Missouri receive the same great care and we realized that even within our own organization that was not occurring."*

**Sarah Payton, Kansas City Anti-Violence Project (KCAVP)**

*"Staff that are unfamiliar with how to work with gender nonconforming or transgender individuals often retraumatize victims seeking help during a very vulnerable time."*

## PUBLIC COMMENT SURVEY AVAILABLE

In addition to the subcommittees and public hearings, a public comment survey was developed to collect additional feedback and develop recommendations. (See Appendix 5.) The survey was available to the public until September 30, 2021. Below is a summary of who completed the public comment survey. There were over 70 respondents and 68 completed surveys.

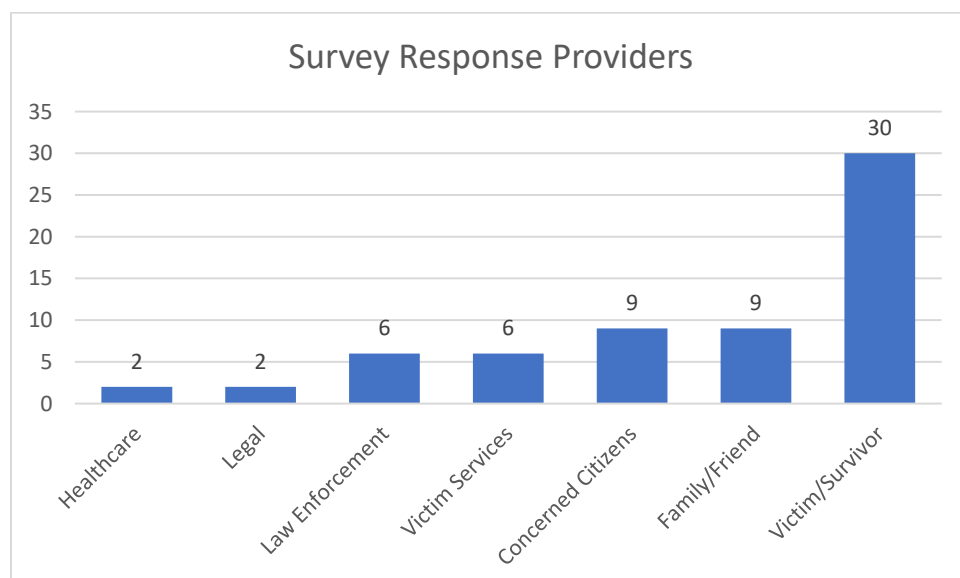
Subcommittee Chair Sarah Ehrhard Reid set-up the WebEx, public comment survey and provided technical support at each hearing.

*"We've received an incredible number of responses so far of people providing lots of feedback through the survey and through these hearings. I'm just very grateful for everyone being willing to share their experiences."* Sarah Ehrhard Reid, DHSS

*"I procrastinated with this survey because it's about something that is a hard truth to accept. I barely happened to stumble across this survey, so I would like to start by saying I would have hoped more people would have been aware of this [survey]."*

*Family of victim*

Number of Responses from Each County	List of Counties
0	Andrew, Atchison, Barry, Barton, Bates, Benton, Buchanan, Caldwell, Callaway, Camden, Carroll, Carter, Cass, Cedar, Chariton, Clark, Clinton, Cooper, Crawford, Dade, Dallas, Daviess, DeKalb, Dent, Douglas, Dunkin, Franklin, Gasconade, Gentry, Harrison, Henry, Hickory, Holt, Howard, Iron, Johnson, Knox, Lawrence, Lewis, Lincoln, Linn, Livingston, Macon, Madison, Maries, Miller, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Nodaway, Osage, Ozark, Pemiscot, Perry, Pike, Platte, Putnam, Ralls, Randolph, Ray, Reynolds, Ripley, Saint Clair, Saint Francois, Schuyler, Scotland, Shannon, Shelby, Ste. Genevieve, Stoddard, Sullivan, Texas, Warren, Washington, Wayne, Worth, Wright
1	Adair, Audrain, Bollinger, Butler, Cole, Grundy, Howell, Jasper, Jefferson, Laclede, Lafayette, Marion, McDonald, Mercer, Mississippi, Oregon, Pettis, Polk, Pulaski, Saline, Scott, Stone, Taney, Vernon
2	Clay, Phelps, Saint Charles, Webster, Cape Girardeau
3	Jackson
5	Saint Louis
7	Christian, Boone
8	Greene



## Responses Received by Category

Category	Standard Practices	Survivor Privacy	Funding	Evidence Collection
Number of Responses that addressed the category	56	34	31	39

## RECOMMENDATIONS

*The report shall include any dissenting opinions in addition to any majority opinions (Section 595.202.5 RSMo). There were no dissenting opinions among the Task Force members.*

Based on the data, subcommittee research and examination, public hearings, public comment survey and subject matter experts serving on the Task Force, the following are the nine recommendations of the Task Force reflecting majority opinion.

**The recommendations are not in order of priority and are lettered solely for ease of communication. All nine recommendations are priorities of the Task Force.**

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### Area of concern

Survivors are not only traumatized by the sexual assault but may be retraumatized when professionals do not respond appropriately, thereby extending the trauma they experienced rather than facilitating healing.

### Recommendation A

***Promote healing for survivors by improving a survivor's experience through the system response.***

### Rationale

There are multiple agency or individual processes to report complaints yet there needs to be more awareness and promotion of the available processes. There is currently no penalty provision for not adhering to the Crime Victims' Rights or Sexual Assault Survivors' Bill of Rights. There should be increased accountability and transparency of processes that are available and violations, so trends can be identified for future recommendations. (See Appendix 1.)

### Strategies

\*Increase promotion of current processes available to survivors to report complaints.

\*Explore procedures and training to promote compliance with Sections 595.201 RSMo and 595.209 RSMo.

\*Further explore the statutory creation of a Sexual Assault Victim Services Advisory Board that would "provide an effective mechanism for submitting, tracking, and investigating complaints regarding the handling of, or response to, a sexual assault report or investigation by any agency or organization involved in the response." The Advisory Board would use the information to track trends and make recommendations.

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*"It took me 2 plus months to be able to get the strength to report my assault. When I finally did, an officer took me to his car & took down the info on the assault. It was hard to even report and tell someone & relive the assault all over, but the officer tells me he'll assign the case to a detective. However, the detective was gone for the week & I would have to call the next week. He gave me a contact card for the detective, about a week later I get a letter in the mail saying they are dropping the case because I hadn't contacted the detective (who was on vacation). At that point I was too broken and discouraged to even try to get any justice. As a result, a rapist roams free, while I'm still trying to pick up the pieces he destroyed. I definitely did not feel supported or even any empathy & truthfully not taken seriously. The amount of damage a predator does from sexual assault on another is tremendous & something that will probably never go away. I no longer trust others, myself, or the police to protect me, a constant state of anxiety and fear. The "system" is terrible for assault survivors/victims."*

*Victim/survivor*

---

## Area of concern

Survivors do not always know about rape crisis center services or have immediate access to the range of their services due to the agency's capacity. Missouri should ensure everyone who has been impacted by sexual violence is aware of and has access to 24/7 life-changing support and advocacy.

## RECOMMENDATION B

***Reduce the number of survivor unmet requests for services from rape crisis centers and increase community awareness of available resources.***

### Rationale

In 2019, for every two sexual assault survivors who received life-changing services from a rape crisis center, one survivor was denied services due to lack of agency capacity. This data is pre-COVID and relied on volunteers to help provide services. Volunteer numbers continue to remain low due to COVID constraints and created an additional burden on staff.

Existing funding such as the federal Sexual Assault Services Program (SASP) does not allow for staff coordination of sexual assault response teams or provide for survivor direct cash assistance or residential costs. Increasing and expanding the general revenue line-item in the Missouri budget for sexual violence services will allow more victims to receive services and create funding for costs not covered by other grant programs. (See Appendix 3.)

In addition, the state should expand prevention programming so that the number of interventions will start to decrease.

### Strategies

- \* Utilize the American Rescue Plan Act (ARPA) sexual assault services funding for rape crisis centers.
  - \* Increase the Department of Social Services (DSS) Sexual Violence Support Services (SVSS) line-item from the current \$750,000. Missouri has invested general revenue in sexual assault services for less than a decade. This line-item was established in 2014 for \$500,000 and was increased by \$250,000 in 2018.
  - \* Require the Department of Social Services (DSS) to restructure the Sexual Violence Support Services (SVSS) contract to return to a unit-of-service rather than a salary-based contract. (See Appendix 3.)
  - \* The unit-of-service should also be re-evaluated to allow residential costs for hotel/motel placements for sexual assault survivors and well as evaluate the previous \$70 unit-of-service fee.
  - \* Rape crisis center services should be for primary and secondary victims. Friends and family (secondary victims) also request, benefit from, and need services.
  - \* Increase the Department of Health and Senior Services (DHSS) budget to expand the Rape and Prevention Education Program (a federal Violence Against Women Act grant program).
- 

*"In the years following the sexual assault, I sought counseling through local programs that offered support specific to sexual assault victims. I was unable to obtain these services as the waitlist was significant."*

Survivor

*"Until training is adequately funded, and victim services is adequately funded, and victim advocates are adequately paid, then we are going to continue to fail victims."*

Rape crisis center advocate

*"I did have a really awesome experience with The Victim Center, which is a super great nonprofit in Springfield that offers free therapy. They do have a long wait list but once you are in you can go for as long as you need to."*

Survivor

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## Area of concern

Survivors may not seek care if they anticipate medical costs, traveling hours to access a Sexual Assault Nurse Examiner (SANE), or other treatment or evidence collection barriers.

## RECOMMENDATION C

***Ensure that survivors throughout the state have access to Sexual Assault Nurse Examiners (SANE), and that survivors are able to obtain a medical forensic exam, along with diagnostic testing, treatment, and prophylactic needs, arising from the sexual assault, and at no cost to the survivor.***

## Rationale

Missouri should continue to increase access to SANEs by increasing staffing levels to include a DHSS SANE statewide coordinator position along with funding for the position, funding the DHSS SANE telehealth network, and providing 24/7 mentoring.

Streamline the Department of Public Safety Sexual Assault Forensic Examination Program's (SAFE) reimbursement for consistent provider payments.

In addition, Missouri should expand the Missouri Department of Public Safety SAFE Program's allowable reimbursement costs to include some medical costs. Currently, Missouri does not cover any medical treatment as part of the sexual assault forensic reimbursement except for HIV testing as part of the child exam. In 2012 ([most recent data](#)), the following are some types of medical treatments covered by other states as part of their state SAFE reimbursement programs:

Reasonable medical costs: 4 states

Treatment for injuries related to sexual assault: 5 states

Medications: 15 states

Pregnancy test: 13 states

Sexually transmitted infection (STI) test: 15 states

Emergency contraception: 5 states

## Strategies

- \* Utilize the American Rescue Plan Act funds for the Missouri Department of Public Safety to provide salary for sexual assault nurse examiners.
  - \* Address funding barriers to establish and provide training to the SANE telehealth network and identify a steady revenue for the 24/7 available SANE mentorship.
  - \* Restructure the Missouri Department of Public Safety (DPS) Sexual Assault Forensic Examination Program's reimbursement process and payment structure.
  - \* Ensure parity between reimbursement of the adult and child exams. For example, currently, HIV testing is covered as part of the child exam reimbursement yet not the adult exam reimbursement.
  - \* Expand medical treatment that is included in the adult and child SAFE reimbursement so that survivors are not charged for medical treatment that must be provided.
  - \* DHSS should consult with stakeholders and review the sexual assault medical treatment checklist every three years.
- 

*"Sexual assault survivors should not have to drive hours to access a SANE provider. Sexual assault survivors should not have to wait months and years for their court case to go through the system."*

Victim advocate

*"It's a big challenge for the hospitals to split these charges into two different sets of bills and these are called split bills. Those bills are to meet the needs of what the commercial payers expect those hospitals to report and also meet the needs of what the Department of Public Safety expects those hospitals to report."*

Missouri Hospital Association

*"I don't understand why there is such a large discrepancy, especially within a centralized community providing care to a victim, why the reimbursement is so different. It should be more streamline through DPS when the care is provided to get the maximum amount reimbursed to us."*

Sexual Assault Nurse Examiner (SANE)

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### Area of concern

Survivors expect their sexual assault kit to be tested quickly. Due to crime laboratory backlogs, timely testing is not always possible which adds to the trauma of experiencing a sexual assault.

### RECOMMENDATION D

***Increase salary and funding to reduce crime laboratory “backlogs” to affect more timely processing of a kit after its delivery.***

### Rationale

According to the U.S. Department of Justice [National Best Practices for Sexual Assault Kits](#), a *backlog* is defined as “cases received by the laboratory that exceed the laboratory’s capacity and are awaiting testing.” Crime laboratories should be able to timely process a kit yet often cannot due to recruitment and retention of staff. Government crime laboratory salaries are not competitive to private crime laboratories and they often lose staff after being trained to better paying jobs which contributes to the backlog. In August 2019, Missouri State Highway Patrol estimated it costs approximately \$150,000 to train a DNA criminalist. This estimated cost included the costs of reagents/consumables (supplies that can only be used one-time during testing such as gloves), labor costs of trainers, supervisors, on-boarders, and background checks. The cost of reagents and consumables have increased significantly since 2019 so this is a conservative minimum cost. This cost does not include the impact to the backlog when a DNA criminalist leaves for a higher paying position. It takes two years to train a newly hired DNA criminalist. With the resignation of one DNA criminalist, it is estimated that it could be an opportunity cost of nearly 600 cases to the backlog. Missouri State Highway Patrol Crime Laboratory current turnover rate is 5%.

### Strategies

- \*Increase the \$250,000 allocation to crime laboratories from the Crime Victim Compensation Fund (Section 595.045.3 RSMo).
  - \*Adjust crime laboratory salaries to be competitive with private industry to retain staff.
  - \*Assess and adjust Full Time Employees (FTEs) to be commensurate with crime rates.
- 

*“Why collect it if you aren't going to process it in a timely manner?”*

*Victim/survivor*

*“Something we have experienced over the past couple of years is skyrocketing cost of routine lab supplies. Some things that may seem very simple like pipette tips, centrifuge tubes, and other plastics used extensively in forensic DNA testing. The pandemic has created high demand because many of these items we use in forensic laboratories are also used for COVID-19 testing.”*

*Crime lab*

*“Whatever it takes to collect the best quality evidence possible. She/he has already been through the worst part. Get the evidence and preserve it properly.”*

*Victim/survivor*

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## Area of concern

Survivors may not know their rights. They need to be informed of their rights using language that is easily understood and on their timeline. The bill of rights is also used to guide professionals as they are not always knowledgeable regarding how to support survivors seeking help, which can retraumatize the survivor.

## RECOMMENDATION E

***Pass an enhanced Sexual Assault Survivors' Bill of Rights to ensure awareness of survivors' rights and to guide practitioners in honoring those rights on an individual, local, and statewide basis.***

### Rationale

Since the passage of a federal Sexual Assault Survivor's Bill of Rights there has been a trend for states to adopt similar rights as there are unique challenges for survivors of sexual assault. Missouri passed its Sexual Assault Survivors' Bill of Rights in 2020, yet lost six weeks to amend potential issues in the legislative session due to COVID-19. In 2020, Missouri State Public Defender Office Director Mary Fox and several public defenders and their clients (collectively, the challengers) sought declaratory and injunctive relief against the state, alleging Senate Bill No. 569, known as the sexual assault survivors' bill of rights, is unconstitutional. Provisions of the bill require defense attorneys interviewing survivors to provide the survivors with notice of certain rights, including the right to consult with an employee or volunteer of a rape crisis center during the interview or have a support person present. The appellate court agreed that public defenders should not be included, and the case is now before the Missouri Supreme Court. In addition to the court challenge, there are additional challenges to the current law that need to be addressed.

### Strategies

\*Revise the Sexual Assault Survivors' Bill of Rights to simplify and align with Missouri law. SB 640 was pre-filed and included as Appendix 4.

\* The Missouri Department of Public Safety should collaborate with Missouri-based stakeholders prior to finalizing the revisions of the Sexual Assault Survivor's Bill of Rights document and anytime the document should need to be revised in the future as a result of changes to Missouri statute. The Missouri-based stakeholders shall include prosecuting attorneys, law enforcement officers, appropriate medical providers, representative of the statewide coalition against domestic and sexual violence, representative of rape crisis centers, representative of the Missouri Hospital Association, director of the Missouri State Highway Patrol crime laboratory or designee, and director of the Department of Health and Senior Services or designee.

\* As part of implementing the Sexual Assault Survivors' Bill of Rights, encourage the practice for law enforcement or appropriate medical providers to automatically contact a rape crisis center when a survivor presents. The staff or volunteer of the rape crisis center can explain their role and give the survivor the option of the advocate's presence.

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*"The research also shows that victims who work with advocates are less likely to blame themselves and less reluctant to seek further help from community resources. Even if a victim is not receiving a forensic exam, it is still vital that a victim is connected to an advocate."*

*Rape crisis center advocate*

*"Unless we get our day in court to stare down our attackers or read a victim impact statement, and most victims never get that much, we are treated as evidence throughout the whole process and then cast aside if the case isn't winnable. It's exhausting."*

*Survivor*



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## Area of concern

There are certain individuals who are more likely to experience harm and, as survivors, they are less likely to seek services when barriers exist.

## Recommendation F

***Increase trauma-informed practices and outreach to underserved populations.***

### Rationale

Sexual violence affects all groups in society as defined by gender, gender identity, race, ethnicity, religion, age, sexual orientation, geographic location, socioeconomic status, immigration status, and physical or mental ability. Because our society is diverse, sexual violence and cultural issues intersect in complex ways for each individual survivor. “Underserved populations” means communities or groups of people who face additional barriers to the access and receipt of sexual assault interventions and who may be more at risk for sexual assault.

Survivors may have increased vulnerability for sexual assault due to gender, gender identity, race, immigration status, physical or mental ability, or homelessness.

For example,

From 2011-2015, the rate of rape/sexual assault victimization of people with disabilities was 3.5 times the rate of rape/sexual assault victimization for people without disabilities. In that same time period, 65% of rapes or sexual assault against persons with disabilities were committed against those with multiple disability types.

Harrell, E. (2017). *Crime Against Persons with Disabilities, 2009-2015 – Statistical Tables*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

65% of transgender respondents who have experienced homelessness have experienced sexual assault.

61% of transgender respondents with disabilities have experienced sexual assault.

James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

### Strategies

\*Rape crisis centers, appropriate medical providers, prosecutors, and law enforcement should strive to have staff reflect the community who seeks assistance.

\*Rape crisis centers, appropriate medical providers, prosecutors, and law enforcement should be trained on serving diverse backgrounds and identities.

\*Promote using gender-inclusive language.

\*Update Section 595.040.3 RSMo to include training on sexual assault as part of the basic law enforcement academy. This section of law has not been updated since 2001.

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*“I think officers need specific trauma-informed training to better assist victims.”*

Survivor

*“It takes a specially trained investigator to effectively conduct a trauma-informed interview of a victim. It is not the same as interrogating the defendant or a suspect because of the effect.”*

Prosecutor

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## Area of concern

Survivors often fear reporting sexual assault or seeking help due to privacy or confidentiality concerns. These concerns impact Missouri's ability to hold perpetrators accountable as accountability relies on survivors feeling comfortable reporting.

## RECOMMENDATION G

***Modify statutes to further protect survivor privacy in public or court records.***

### Rationale

Victims rated the following as the top three barriers of reporting assault:

- 1) Shame, guilt, embarrassment, and not wanting friends and family to know;
- 2) Concerns about confidentiality; and
- 3) Fear of not being believed.

Sable, M., Danis, F., Mauz, D. & Gallagher, S. (2006). Barriers to reporting Sexual Assault for Women and Men: Perspectives of College Students. *Journal of American College Health*, Vol. 55. No. 3

### Strategies

\*Expand Missouri's "rape shield law", Section 491.015 RSMo, to include not only trial but during any portion of the criminal justice process including survivors who are called to testify at any time about their sexual assault during a criminal matter.

\*Modify Section 595.226 RSMo to allow intimate details, in addition to personally identifying information, to also be redacted when records are requested. The kind of information that is documented in sexual assault cases can be very sensitive.

\*Clarify if it is the court or prosecutor responsibility to replace/redact a name in court records. Improve the process and consider inadvertent consequences. Consider the use of initials with a birthdate to identify a person or perhaps the use of "Confidential Victim."

\*Recommend the Court orders a higher level of security on probable cause statements.

\*Increase training for law enforcement regarding sexual assault survivor privacy concerns.

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*"I'm not sure it is still happening, but I know when I worked cases, I would verbalize to the best of my ability what occurred during the crime in my Statement of Probable cause. We had journalists in the area who would get a copy of those and publish almost the entire statement with no regard for the victim, their privacy, or the status of the investigation."*

*Law enforcement*

*"Amend statute on redaction of documents in the record - burden is on filing party, not clerk to decipher what is "identifying information" and excise or request heightened security on the filing."*

*Attorney*

*"Law enforcement officers receiving statements need better training on privacy rights of victims. I had a local LEO reveal personal information to extended family members by asking if an event had actually happened. This was not part of an investigation but rather informal conversation while off-duty. Of course, the family member was not aware of the event as it was not public knowledge but something only 3 people knew about. Now it is well known among my small community."*

*Victim/survivor*

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### Area of concern

Survivors do not have consistent access to unreported and anonymous sexual assault kits as an option across the state; additionally, there is inconsistent storage of unreported kits and components.

### RECOMMENDATION H

***Review Section 595.220 RSMo and make recommendations for legislative enhancements.***

#### Rationale

The Task Force agrees that Section 595.220 RSMo needs to be reviewed for clarifications and consistency, yet the job is too large for the current timeline and not specific to the current Task Force charter.

#### Strategies

- \*Maintain the anonymous kit option yet clarify definition to address concerns.
  - \*The Missouri Department of Public Safety should consult with stakeholders to revise sexual assault guidelines.
  - \*Review whether the kit options (reported, unreported and anonymous) should remain optional.
  - \*Assess whether the central repository for unreported kits should remain optional.
  - \*Evaluate best practices for storage and timeframe of unreported kits and their components including but not limited to toxicology samples.
  - \*Clarify the best practice for how SANEs should respond when a victim is unable to consent to the exam due to incapacitation or death.
  - \*Address privacy concerns and inconsistencies regarding adolescents seeking the sexual assault forensic exam.
- 

*"June of 2020 my life was forever changed. After being violently sexually assaulted by a superior in the workplace, I was admitted into Saint Luke's in KCMO where I completed the long, sexual assault rape kit examination. An advocate met me and was with me the entire time, making me feel as comfortable as possible. The nurses and doctors were amazing, making me feel heard, valued and comfortable. Fast forward to the police reporting and long investigation process. The police report was brutal, but I got through it. My advocate was with me and helped to prepare me as best as possible."*

*Victim/survivor*

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### Area of concern

Sexual assault survivors and experts identified areas of improvement that required more time as the Task Force expires December 31, 2021 (Section 595.202.6 RSMo).

### Recommendation I

***Stakeholders continue working together to implement these recommendations.***

#### Rationale

The Task Force collected valuable information yet needs more time for thoughtful analysis and discussion than this report's deadline.

#### Strategies

- \* Task Force members agreed to continuing meeting during 2022 to identify additional legislative enhancements for 2023.
-

## APPENDIX 1: Tracking and Investigating Complaints

The rights for crime victims in Missouri are established under Article 1, Section 32, of the Missouri State Constitution. This guarantees that crime victims have the right to:

1. Be present at all criminal justice proceedings at which the defendant has such right;
2. Be informed and heard at guilty pleas, bail hearings, sentencings, probation revocation hearings, and parole hearings;
3. Be informed of trials and preliminary hearings;
4. Restitution;
5. The speedy disposition and appellate review of cases;
6. Reasonable protection from the defendant or any person acting on behalf of the defendant;
7. Information concerning the release, escape, recapture, or death of the accused while in custody or confinement; and
8. Information about how the criminal justice system works, the rights and availability of services, and information about the crime.

The rights of crime victims are further established and defined in Section 595.209 RSMo. Sexual assault survivors have additional rights as described in Section 595.201 RSMo.

Section 595.209 RSMo specifies that victims of certain dangerous felonies, including sexual assault, are automatically afforded these rights. Victims of all other crimes and witnesses of crimes are also guaranteed these rights but they must submit a written request to the appropriate agency (i.e., law enforcement agencies, juvenile authorities, custodial authorities, prosecutors, probation, and parole, etc.) to ensure that their rights are afforded to them.

Additionally, Section 595.201 RSMo specifies that sexual assault survivors are also automatically afforded certain rights.

Currently, each agency or organization has an individual process by which complaints may be made regarding the handling of or response to a sexual assault report or investigation.

There is much variation in the process for complaints within each agency. Ideally, each survivor would have a victim advocate to assist in navigating these processes, but even with an advocate it may be challenging. Constraints may include training and capacity.

Agency/Organization	Mechanism
Law enforcement	Survivor may make a complaint to the officer's supervisor or the agency's Internal Affairs, or Peace Officer Standards and Training (POST) program.
Medical Provider	Survivor may make a complaint to Patient Care Advocate at the hospital, or to the agency providing services, or to the Missouri DHSS using the Bureau of Hospital Standards Form
Prosecutor's Office	Survivor may make a complaint to the elected Prosecutor or the Office of the Chief Disciplinary Counsel of the Missouri Supreme Court.
Rape Crisis Center/Dual Programs	Survivor may make a complaint through the agency's complaint process or to MOCADSV through their complaint process.
Licensed providers	Survivor may make a complaint to Missouri Division of Professional Registration.

#### Missouri Department of Public Safety Victim Inquiry Request

In addition to or instead of making a complaint to the individual agency or organization, the survivor may submit a Victim Rights Inquiry Request with the Missouri Department of Public Safety.

<https://dps.mo.gov/dir/programs/cvsu/documents/victim-complaint-form.pdf>

#### Best Practice

The subcommittee researched local, state, and national practices in this area. The subcommittee found Colorado and New Jersey to have the most constructive practices that could assist Missouri in crafting a response.

The mission of the New Jersey Statewide Sexual Assault Response Team (SART) Advisory Board is to review the effectiveness of the services provided by the State and the County SART programs to victims of sexual assault. Based on the findings these reviews yield, the Board is to make recommendations to the Attorney General for any needed changes or updates in the standards, regulations, or State policy concerning the provision of victim services.

The state of Colorado created a Crime Victims Services Advisory Board and the Victim Rights Act Subcommittee. It is the role of the Advisory Board and the Subcommittee to act as impartial fact-finding and disseminating entities. The goal of the Victim Rights Act compliance process is system change. While Colorado is focused on the rights of all crime victims, Missouri could adapt the model to focus on the rights of survivors of sexual assault pursuant to Section 595.201 RSMo, in addition to crime victim's rights pursuant to Section 595.209 RSMo.

# A Brief Guide to Missouri Sexual Assault Survivors' Rights



**¡IMPORTANTE!**

**Si necesita una versión de este documento en español, visite**

**<https://www.dps.mo.gov>**

## **INTRODUCTION**

You have rights under Missouri law. This is a summary of some of those rights. Missouri is committed to protecting the rights of sexual assault survivors and informing survivors of resources that may help them pursue justice and healing.

## **A SUMMARY OF YOUR RIGHTS**

**You do not have to participate in the criminal justice system or receive a forensic examination to retain these rights.**

The rights of crime victims are contained in the Bill of Rights in the Missouri Constitution, art. I, § 32. Victims of dangerous felonies and domestic assault also receive rights. § 595.209, RSMo 2016.

In addition to these rights, as a sexual assault survivor you have the right:

- To receive reasonable protection from the perpetrator.
- To be free from intimidation, harassment, and abuse.
- To consult with an advocate of a crisis center.
- To have a support person of your choice present.
- To have your lawyer present during any interaction with the legal or criminal justice system.
- To be interviewed by a law enforcement officer of the gender of your choice.
- To receive a forensic examination at no charge.
- To shower at no cost after a forensic examination.
- To prompt analysis of sexual assault forensic evidence.
- To be informed, upon your request, of the results of the analysis of your sexual assault forensic evidence.
- To receive:
  - A copy of the law enforcement report,
  - Timely notice of outcome of the case,

- Timely notice of the offender's location upon conviction of a sex offense, and
- Timely notice of sex offender registry information.
- To proceed with an investigation or filing criminal charges without taking a polygraph examination.
- To be heard at any proceedings where your rights are at issue.
- Evidence collected from your forensic sexual assault examination shall not be used to prosecute you for misdemeanor crimes.

## RESOURCES FOR SURVIVORS

### National and State Hotlines

**National Sexual Assault Hotline:**

(800) 656-4673

**National Domestic Violence Hotline:**

(800) 799-7233

**National Human Trafficking Hotline:**

(800) 373-7888

**Deaf LEAD Crisis Line:**

VP (321) 800-3323

**Missouri Child Abuse Hotline:**

(800) 392-3738

**Missouri Elder Abuse Hotline:**

(800) 392-0210

### State Resources

**Statewide Victim Service Directory**

<https://dps.mo.gov/dir/programs/cvsu/victimservice/s/>

**Missouri Coalition Against Domestic and Sexual Violence**

<https://www.mocadsv.org/>

**Sexual assault kit tracking**

<https://safetrack.mo.gov/>

### Local Resources

**Law Enforcement Agency:**

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Prosecuting Attorney:**

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Advocate Agency/Rape Crisis Center:**

Center Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Developed by the Missouri Department of Public Safety  
<https://www.dps.mo.gov>

This document is developed pursuant to § 595.201.2(3) and (12), RSMo and is current as of January 1, 2022.

To check for the most recent version of this document, visit  
<https://www.dps.mo.gov>

## **APPENDIX 3: Rape Crisis Center Funding**

### **History**

The general revenue line-item in the Department of Social Services budget for sexual violence services was established in 2014 with \$500,000. In 2018, the funding increased to \$750,000. The line-item was originally established as a contract for unit-of-service versus a contract for staff positions. The intent of the unit-of-service was to complement the structure of existing grant programs. The unit-of-service contract ended the beginning of 2019 and converted to a contract for salary.

### **Payments to the Rape Crisis Center**

The rape crisis center shall be paid in accordance with the firm-fixed price of \$70.00 per service unit (as identified below), for services provided pursuant to the contract. The center may invoice multiple units per day for each distinct service. The center may not submit invoices that total more than their allotment per fiscal quarter. Payments will be processed as invoices are received and the Department will not be responsible for services invoiced after state revenue fund has been spent.

For the current \$750,000 in the DSS budget for sexual violence services, if the unit-of-service contract returned, this equals a total of 10,714 units of service divided among the state's eligible rape crisis centers. One survivor of sexual assault may need multiple units of services (for example, hotline, medical advocacy, and support group) so units of service provided does not equal the total number of individuals who receive services.

The previous unit-of service did not offer a residential option to bill. There are times sexual assault survivors need access to a hotel placement so adding this option would be helpful.

Once the units of service are billed to DSS, the agency has flexibility to use the funds to best meet current needs with the steady billing revenue. The funds can cover staff salary for activities that grants will not cover such as facilitating sexual assault response team meetings or direct cash assistance to survivors.

### **Previous identified unit-of-service**

The following are the previously identified unit of services that could be billed:

**Hotline:** These state-funded services shall include any calls received on any contractor line that relates to an individual or family in need of some kind of service.

- a. Calls can be from a third party.
- b. The contractor shall provide crisis intervention, information, and referral services twenty-four (24) hours per day, seven (7) days per week.
- c. The service must be provided by a live qualified and trained staff person or volunteer. An answering machine or a call back service shall not be utilized in the provision of this service.

**Crisis Intervention:** This state-funded service shall include interactions and activities provided by qualified, trained staff or volunteers with an individual in crisis to stabilize emotions, clarify issues, and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and needs.

- a. This service may be provided by telephone or in person.

**Case Management:** The state-funded service shall include tangible, goal-directed interactions, and advocacy. The state-funded service shall also include assistance provided to a service recipient to obtain needed services, develop short-term and long-term resources and safety plans, to provide transportation, and to provide facilitation and communication support to assist a recipient in need of services from multiple service providers.

- a. Case management services are provided primarily in a face-to-face setting and may include telephone contacts by a qualified, trained staff person or volunteer.



**Medical Advocacy:** This state-funded service shall include in-person crisis intervention, information and referral provided for victims of sexual assault. Medical advocacy is provided in a medical facility by qualified, trained staff members or volunteers.

**Legal Advocacy:** This state-funded service shall include the provision of information, support, assistance, accompaniment, and intervention. This should be provided to the victim of sexual violence, during any aspect of the civil or criminal legal system, by qualified and trained staff, or volunteers.

**Professional Therapy:** This state-funded service shall include face-to-face, goal-oriented therapy to address issues related to sexual violence.

a. This service shall be provided by a Missouri-licensed or provisionally licensed counselor, psychologist, or social worker who has specific training in addressing issues of sexual violence.

**Support Group:** This state-funded service shall include interactive group sessions that may be non-directed or topic oriented, informational, educational, and supplied in conjunction with a plan of care.

a. This service shall be facilitated by a qualified, trained staff or volunteer who has specific training in addressing issues of sexual violence.

## Current Bill Summary

**SB 640 - Under current law, sexual assault survivors have rights relating to how a criminal investigation regarding a sexual assault must be conducted.**

This act provides that sexual assault survivors retain these rights regardless of whether a criminal investigation or prosecution results or regardless if the survivor has previously waived any of these rights. A sexual assault survivor, for purposes of this act, is any person who is fourteen years of age or older and who may be a victim of a sexual offense who presents themselves to an appropriate medical provider, law enforcement officer, prosecuting attorney, or court. Under this act, a sexual assault survivor has the right to:

- Consult with an employee or volunteer of a rape crisis center;
- A sexual assault forensic examination;
- A shower and change of clothing;
- Request to be examined by an appropriate medical provider or interviewed by a law enforcement officer of the **gender of the survivor's choosing, when available;**
- An interpreter **who can communicate in the language of the sexual assault survivor's choice, as reasonably available;**
- Notification and basic overview of the options of choosing a reported evidentiary collection kit, unreported **evidentiary collection kit, and anonymous evidentiary collection kit;**
- Notification about the evidence tracking system;
- Notification about the right to certain information considered a closed record, such as a complete incident report; **and**
- Be free from intimidation, harassment, and abuse **in any related criminal or civil proceeding and the right to reasonable protection from the offender.**

**Additionally, this act provides that a survivor must be informed of the survivor's rights by a medical provider, law enforcement officer, and a prosecuting attorney in a timely manner. A document shall be developed by the Department of Public Safety, in collaboration with certain Missouri-based stakeholders, which shall be provided to a sexual assault survivor explaining the survivor's rights. The document shall include:**

- A description of the rights of the sexual assault survivor pursuant to this act; and
- Telephone and internet means for contacting a local rape crisis center.

**This act repeals duplicate rights found in other provisions of current law. Additionally, this act repeals the requirement that a law enforcement officer shall upon written request provide a free, complete, and unaltered copy of all law enforcement reports concerning the sexual assault within 14 days to the survivor. MARY GRACE PRINGLE**



## Missouri Rights of Victims of Sexual Assault Task Force

### **The Missouri Rights of Victims of Sexual Assault Task Force is seeking public testimony.**

In 2020, 595.202 RSMo established the Task Force. Per statute, we are to “Collect feedback from stakeholders, practitioners, and leadership throughout the state and local law enforcement, victim services, forensic science practitioners, and health care communities to inform development of future best practices or clinical guidelines regarding the care and treatment of survivors.”

Public hearings will be held via WebEx on August 25, September 14, September 22 and September 28 to solicit testimony on following themes:

- Standard Practices
- Survivor Privacy
- Funding
- Evidence Collection
- Please visit <https://dps.mo.gov/dir/programs/cvsu/task-force.php> for more information on the public hearings.

You can share your experience as a survivor in any of these topic areas. We want to know what was helpful in your healing and what Missouri can do to improve. Testimony will be accepted during the hearings and by completing this survey. The survey will close September 30, 2021.

All responses are subject to public viewing and may be included in a public final report. Comments should not include personal or sensitive information that you do not wish to make public.

1. Name (optional) w

\* 2. County (Required) w

\* 3. Background/Interest Area (Required) w

- ☐ Victim Services
- ☐ Victim and/or Survivor
- ☐ Forensic Sciences
- ☐ Healthcare
- ☐ Law Enforcement
- ☐ Private Citizen
- ☐ Prefer Not to Disclose
- ☐ Other (please specify)

4. Standard Practices (Optional-limit of 2,000 characters)

5. Survivor Privacy (Optional-limit of 2,000 characters)

6. Funding (Optional-limit of 2,000 characters)

7. Evidence Collection (Optional-limit of 2,000 characters)

8. I would like to request notice of the availability of the final report, please contact me at:

E-mail Address

